

STATE OF CALIFORNIA
DEPARTMENT OF PERSONNEL ADMINISTRATION
STATE DRUG/ALCOHOL TEST AUTHORIZATION
DPA 177 (REV. 8/06)

INSTRUCTIONS FOR SUPERVISORS AND COLLECTION SITES: EXCEPT FOR REASONABLE SUSPICION TESTS, EMPLOYEE MUST BRING IN A QUEST DIAGNOSTICS FORENSIC CUSTODY AND CONTROL FORM TO THE COLLECTION SITE. IF YOU DO NOT HAVE A FORM, CALL CDT AT (562) 986-4200 OR (800) 440-3784.

BOX 1	REASON FOR TEST:	<input type="checkbox"/> Follow Up	<input type="checkbox"/> Post Incident
	TEST(S) TO BE PERFORMED:	<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Reasonable Suspicion
	<input type="checkbox"/> Urine Collection (Use Quest Diagnostics Collection Kits)		<input type="checkbox"/> Breath Alcohol Test

BOX 2	Name of Employee to be Tested (Last, First, MI)	Employee Identification Number
	Agency	

BOX 3	Name of Collection Site	
	Address of Collection Site	
	Telephone Number of Collection Site	Contact Person at Collection Site
	COLLECTION SITE: At the time of collection, send primary copy of this form to: CDT P.O. Box 3247 Long Beach, CA 90803 If you have any questions, please call (562) 986-4200 or (800) 440-3784. All related invoices and inquiries should be directed to the above address/phone number.	

BOX 4	Department Authorizing Official	Phone Number
	Signature of Authorizing Official	Date

POSITIVE BREATH ALCOHOL TESTS ONLY - REPORT RESULTS TO BOTH CONTACTS:

BOX 5	Name	Phone Number
	CDT	Phone Number (562) 986-4200 or (800) 440-3784

As directed by my employer, I have agreed to/I voluntarily submit to a drug/alcohol test. I also certify that any specimens I have provided are fresh, and have not been adulterated in any manner. I acknowledge that I have been informed that the specimen will be sent to a laboratory designated by the State to be tested for the presence of certain drugs and/or alcohol and that the results of these tests will be released to the State's Medical Review Officer and my department.

Employee Signature

Date

DISTRIBUTION: BLUE - Agency* CANARY - CDT GREEN - Employee

*To expedite test results, you should fax a copy of this form to CDT at (562) 986-4201